APPLICATION

Name of Professional Corporation, Limited Liability Company or Limited Liability Partnerships: (Must be in compliance with Rule 27)

Address:	
Name of Registered Agent:	
Telephone Number:	
E-mail Address:	
Statement: The Corporation, Company, or Partnership the statute under which it was formed and with the provis	hereby certifies that it has complied with all of the provisions of sions of Admission & Discipline Rule 27.
The Corporation, Company, or Partnership agrees to com Orders of the Indiana Supreme Court.	aply with the Laws of the State of Indiana and the Rules and
· · · · · ·	regoing statements, including the information provided on the ete and (2) I am an authorized agent of this organization with
Date:	Signature:
State of Indiana)	
Before me, a Notary Public in and for said County and Stakenown to me to be the authorized agent ofconfirmed that the information contained in the above an	, and who swore and/or
IN WITNESS WHEREOF, I have hereunto set my hand a	and affixed by Notarial Seal this day of
	Notary Public
My Commission Expires:	